

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>Maie</i>	52	05-207-01
<b>O.I.P.E. CLASSIFIER</b>	<i>Maie</i>		5/23
<b>FORMALITY REVIEW</b>	<i>Maie</i>	JC 873	06-27-01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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7	✓ ✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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M  
06/23/01